FEC

STATEMENT OF

FORM 1	ORGANIZ	ATION		
	(See instruct	ions)		Office use only
NAME OF COMMITTEE (in the second	(Check if name is changed)	Example: If typying, type over the lines	12FE4M5	1 1
LAND O'LAKE	S INC/AGRILIANCE LLC PAC (L	OL PAC) FKA LAND O'LA	KE INC PAC	
ADDRESS (number and s	BOX 64101			
(Check if address is changed)				
	ST PAUL		MN	55164 -
		CITY▲	STATE	ZIP CODE ▲
COMMITTEE'S E-MAI	L ADDRESS (Please provide only one	e-mail address)		
(Check if address is changed)				
COMMITTEE'S WEB	PAGE ADDRESS (URL)			
(Check if address	1			
is changed)				
2. DATE 03	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
3. FEC IDENTIFICA		C C00009423		
4. IS THIS STATEM	ENT X NEW (N) OR	AMENDED (A)		
Logrify that I have exami	ned this Statement and to the best of my kr	nowledge and helief it is true correct	t and complete	
rectary that mave exami	·	iowicage and belief it is true, correct	t and complete	
Type or Print Name of	Treasurer Jim Fife			
Signature of Treasurer	Electronically Filed by Jim Fife		Date 03	25 Y 2009
NOTE: Submission of fall	se, erroneous, or incomplete information m	nay subject the person signing this S	Statement to the penalti	les of 2 U.S.C. S437g.
	ANY CHANGE IN INFORM	ATION SHOULD BE REPORTE	D WITHIN 10 DAYS	
Office Use Only		For further information Federal Election Comm Toll Free 800-424-953	nission	FEC FORM 1 (Revised 02/2009)